

Family PACT: 2006/2007 Provisional Clinical Services Benefits Grid

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This Family PACT Program 2006/2007 Provisional Clinical Services Benefits Grid presents the benefits package codes for procedures, medications, and contraceptive supplies updated February 1, 2007.

| Family Planning Methods | | | | | | Complications (5) | |
|-------------------------|--|--|---|----------|---|-------------------|------------------------|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Diag. Codes | Description |
| S101 | Oral contraception, patch, vaginal ring – Evaluation <u>prior</u> to method with or without initiation of method | Z5218 Collection and handling of blood specimen (when only service rendered) | <ul style="list-style-type: none"> • 80061 Lipid profile (1) (2) • 80076 LFTs (2) • 82465 Cholesterol | None | X7706 OCs X7728 Patch X7730 Vaginal Ring | S103 | Vaso-vagal episode |
| S102 | Oral contraception, patch, vaginal ring – Maintain adherence and surveillance | Z5220 Collection and handling of blood specimen (when other services rendered) | <ul style="list-style-type: none"> • 81025 Urine pregnancy test • 82947 Glucose (3) • 82951 2hr GTT (3)(4) | | Z7610 Estradiol | S1031 | Deep vein thrombosis |
| | | 76092 Screening Mammogram (6) | | | X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom | | |
| S201 | Contraceptive injection – Evaluation <u>prior</u> to method with or without initiation of method | Z5218 Collection and handling of blood specimen (when only service rendered) | <ul style="list-style-type: none"> • 80076 LFTs (2) • 81025 Urine pregnancy test | None | X6051 DMPA | S203 | Vaso-vagal episode |
| S202 | Contraceptive injection – Maintain adherence and surveillance | Z5220 Collection and handling of blood specimen (when other services rendered) | <ul style="list-style-type: none"> • 82947 Glucose (3) • 82951 2hr GTT (3)(4) | | Z7610 Estradiol | S2031 | Heavy vaginal bleeding |
| | | 76092 Screening Mammogram (6) | | | X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom | | |

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

| Core Screening tests | | Reflex testing based on a positive screening test result | | Pap smear codes | |
|----------------------|-----------------------------------|--|--|-----------------|--|
| 86592 | VDRL, RPR | 86781 | TP-confirmatory test; if positive, 86593 is required | 88141 | Physician Interpretation of Pap |
| | | 86593 | Syphilis test, Quantitative | 88142 | LBC, manual screen |
| 86701 | HIV-I | 86689 | HIV confirmation | 88143 | LBC, manual screen and re-screen |
| 86702 | HIV-II | 86689 | HIV confirmation | 88147 | Smear, automated screen |
| 86703 | HIV-I and HIV-II single assay | 86689 | HIV confirmation | 88148 | Smear, automated screen, manual re-screen |
| 87081 | GC culture | ----- | None | 88164 | Smear, Bethesda, manual screen |
| 87491 | NAAT - Chlamydia | ----- | None | 88165 | Smear, Bethesda, manual screen, re-screen |
| 87591 | NAAT - GC | ----- | None | 88167 | Smear, Bethesda, manual screen, computer re-screen |
| 87800 | Direct Probe - Chlamydia +GC only | 87490 | Chlamydia direct probe | 88174 | LBC, automated screen |
| | | 87590 | GC direct probe | 88175 | LBC, automated screen, manual re-screen |

For HPV tests, see Cervical Abnormalities

- (1) Only if elevated screening cholesterol or significant risk factors for cardiovascular disease.
- (2) Limited to one every six months per client.
- (3) Limited to one per year per client.
- (4) Only if history of abnormal fasting blood sugar screen.
- (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.
- (6) Screening mammography, females 40-55 years of age, one per year per client.

| Family Planning Methods | | | | | | Complications (5) | |
|-------------------------|---|---|---|--|--|---|--|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Diag. Codes | Description |
| S301 | Contraceptive implant – Evaluation <u>prior</u> to method with or without initiation of method | 11975 Insertion 11976 Removal 11977 Removal and insertion Z5218 Collection and handling of blood specimen (when only service rendered) | • 80076 LFTs (2) • 81025 Urine pregnancy test | 11976ZM Removal supplies | Z7610 Estradiol X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom | S303 | Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis |
| S302 | Contraceptive implant – Maintain adherence and surveillance (including removal and reinsertion) | Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6) | | | | S3031 S3032 S3033 S3034 S3035 | Missing or deep capsule Insertion/removal site infection Insertion/removal site hematoma Capsule expulsion Heavy vaginal bleeding |
| S401 | IUC – Evaluation <u>prior</u> to method with or without initiation of method | 58300 Insertion 58301 Removal Z5218 Collection and handling of blood specimen (when only service rendered) | • 81025 Urine pregnancy test • 85013, 85014 Hematocrit • 85018 Hemoglobin | 58300ZM Insertion supplies 58301ZM Removal supplies | X1522 ParaGard X1532 Mirena IUS Z7610 Estradiol X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom | S403 S4031 S4032 S4033 | Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis Pelvic infection (secondary to IUD) “Missing” IUD Perforated or translocated IUD |
| S402 | IUC – Maintain adherence and surveillance | Z5220 Collection and handling of blood specimen (when other services rendered) 76092 Screening Mammogram (6) | | | | | |

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

| <u>Core Screening Tests</u> | | <u>Reflex testing based on a positive screening test result</u> | | <u>Pap smear codes</u> | |
|-----------------------------|-----------------------------------|---|--|------------------------|--|
| 86592 | VDRL, RPR | 86781 | TP confirmatory test; if positive, 86593 is required | 88141 | Physician Interpretation of Pap |
| | | 86593 | Syphilis test, Quantitative | 88142 | LBC, manual screen |
| 86701 | HIV-I | 86689 | HIV confirmation | 88143 | LBC, manual screen and re-screen |
| 86702 | HIV-II | 86689 | HIV confirmation | 88147 | Smear, automated screen |
| 86703 | HIV-I and HIV-II single assay | 86689 | HIV confirmation | 88148 | Smear, automated screen, manual re-screen |
| 87081 | GC culture | ----- | None | 88164 | Smear, Bethesda, manual screen |
| 87491 | NAAT - Chlamydia | ----- | None | 88165 | Smear, Bethesda, Manual screen, re-screen |
| 87591 | NAAT – GC | ----- | None | 88167 | Smear, Bethesda, manual screen, computer re-screen |
| 87800 | Direct Probe - Chlamydia +GC only | 87490 | Chlamydia direct probe | 88174 | LBC, automated screen |
| | | 87590 | GC direct probe | 88175 | LBC, automated screen, manual re-screen |

For HPV tests, see Cervical Abnormalities

(2) Limited to one every six months per client.

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(6) Screening mammography, females 40-55 years of age, one per year per client.

| Family Planning Methods | | | | | | Complications (5) | |
|-------------------------|---|--|---|--------------|---|-------------------|--|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Diag. Codes | Description |
| S501 | Barriers and spermicide – Evaluation <u>prior</u> to method with or without initiation of method Note: Includes fertility awareness methods and lactation amenorrhea method | 57170 Diaphragm/cervical cap fitting Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) | • 81025 Urine pregnancy test | FAM supplies | X7722 Levonorgestrel X1500 Diaphragm, cervical cap, spermicide, lubricant, M/F condom, BBT | S503 | Vaso-vagal episode Allergic reaction to treatment for a secondary diagnosis |
| S502 | Barriers and spermicide – Maintain adherence and surveillance | 76092 Screening Mammogram (6) | | | | S5031 | Severe skin/tissue reaction |
| S601 | Pregnancy testing Note: Should be used only when the client is not seeking a contraceptive method | | • 81025 Urine pregnancy test Note: No additional laboratory tests are available with this core code | | | | |
| S602 | Confirmation of pregnancy test result | Note: If result is negative and client chooses family planning method, use a method-specific primary diagnosis code. | | | | | |

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis and do not require a secondary diagnosis code for reimbursement:

| <u>Core Screening Tests</u> | | <u>Reflex testing based on a positive screening test result</u> | | <u>Pap smear codes</u> | |
|-----------------------------|-----------------------------------|---|--|------------------------|--|
| 86592 | VDRL, RPR | 86781 | TP confirmatory test; if positive, 86593 is required | 88141 | Physician Interpretation of Pap |
| | | 86593 | Syphilis test, Quantitative | 88142 | LBC, manual screen |
| 86701 | HIV-I | 86689 | HIV confirmation | 88143 | LBC, manual screen and re-screen |
| 86702 | HIV-II | 86689 | HIV confirmation | 88147 | Smear, automated screen |
| 86703 | HIV-I and HIV-II single assay | 86689 | HIV confirmation | 88148 | Smear, automated screen, manual re-screen |
| | | | | 88164 | Smear, Bethesda, manual screen |
| 87081 | GC culture | ----- | None | 88165 | Smear, Bethesda, Manual screen, re-screen |
| | | | | 88167 | Smear, Bethesda, manual screen, computer re-screen |
| 87491 | NAAT - Chlamydia | ----- | None | 88174 | LBC, automated screen |
| 87591 | NAAT – GC | ----- | None | 88175 | LBC, automated screen, manual re-screen |
| 87800 | Direct Probe - Chlamydia +GC only | 87490 | Chlamydia direct probe | | |
| | | 87590 | GC direct probe | | |

For HPV tests, see Cervical Abnormalities

- (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.
 (6) Screening mammography, females 40-55 years of age, one per year per client.

| Family Planning Methods | | | | | | Complications (5) | |
|-------------------------|---|---|---|--|---|-------------------|---|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Diag. Codes | Description |
| S701 | Bilateral tubal ligation – Screening and Evaluation | Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) | <ul style="list-style-type: none"> • 80076 LFTs (2) • 81025 Urine pregnancy test • 88302 Surgical path., (two specimens) | 58600 ZM/ ZN Mini-Lap TL 58615 ZM/ ZN Mini-Lap with clip | X7722 Levonorgestrel X1500 Spermicide, lubricant, M/F condom | S703 | Vaso-vagal episode |
| S702 | Surgical procedure | 58600 Mini lap TL 58615 Mini lap TL with clip 58670 Lapscope fulguration 58671 Lapscope with ring or clip 76092 Screening Mammogram (6) | <p>Pre-operative testing</p> <ul style="list-style-type: none"> • 81000 UA dipstick w/microscopy • 81001 UA automated w/micro • 81002 UA dipstick w/out microscopy • 81003 UA automated w/out micro • 85013 spun Hct • 85014 Hct • 85018 Hemoglobin • 85025 Auto CBC w/auto diff.WBC • 85027 Auto CBC w/out differential • 93000 ECG (7) | 58670 ZM/ZN Lapscope fulguration 58671 ZM/ZN Lap-scope ring or clip | | S7031 | Anesthesia complication: hospitalization |
| | | | | | | S7032 | Abdominal injury; L/S or lap (within 30 days post op) |
| | | | | | | S7033 | Operative site or pelvic infection (within 30 days post op) |
| | | | | | | S7034 | Preop evaluation (TAR prospective) |

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis for sterilizations and do not require a secondary diagnosis code for reimbursement:

| <u>Core Screening tests</u> | | <u>Reflex testing based on a positive screening test result</u> | | <u>Pap Smears codes</u> | |
|-----------------------------|-----------------------------------|---|--|-------------------------|--|
| 86592 | VDRL, RPR | 86781 | TP confirmatory test; if positive, 86593 is required | 88141 | Physician Interpretation of Pap |
| | | 86593 | Syphilis test, Quantitative | 88142 | LBC, manual screen |
| 86701 | HIV-I | 86689 | HIV confirmation | 88143 | LBC, manual screen and re-screen |
| 86702 | HIV-II | 86689 | HIV confirmation | 88147 | Smear, automated screen |
| 86703 | HIV-I and HIV-II single assay | 86689 | HIV confirmation | 88148 | Smear, automated screen, manual re-screen |
| 87081 | GC culture | ----- | None | 88164 | Smear, Bethesda, manual screen |
| 87491 | NAAT - Chlamydia | ----- | None | 88165 | Smear, Bethesda, Manual screen, re-screen |
| 87591 | NAAT – GC | ----- | None | 88167 | Smear, Bethesda, manual screen, computer re-screen |
| 87800 | Direct Probe - Chlamydia +GC only | 87490 | Chlamydia direct probe | 88174 | LBC, automated screen |
| | | 87590 | GC direct probe | 88175 | LBC, automated screen, manual re-screen |

For HPV tests, see Cervical Abnormalities

- (2) Limited to one every six months per client.
 (5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.
 (6) Screening mammography, females 40-55 years of age, one per year per client.
 (7) As medically indicated for preoperative evaluation of a woman with a pre-existing cardiovascular condition.

| Family Planning Methods Primary Benefits | | | | | | Complications (5) | |
|--|--------------------------------------|--|---|-------------------|---|-------------------|---|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Diag. Codes | Description |
| S801 | Vasectomy – Screening and evaluation | Z5218 Collection and handling of blood specimen (when only service rendered) | <ul style="list-style-type: none"> • 88302 Surgical path (two specimens) | 55250 ZM Supplies | X1500 Spermicide, lubricant, M/F condom | S803 | Vaso-vagal episode |
| S802 | Surgical procedure | Z5220 Collection and handling of blood specimen (when other services rendered) | Pre-operative tests <ul style="list-style-type: none"> • 81000 UA dipstick w/microscopy • 81001 UA automated w/micro • 81002 UA dipstick w/out microscopy • 81003 UA automated w/out micro • 85013 spun Hct • 85014 Hct • 85018 Hemoglobin • 85025 Auto CBC w/auto diff.WBC • 85027 Auto CBC w/out differential | | | S8031 | Testicular, spermatic cord hematoma, or hemorrhage (within 30 days post op) |
| | | 55250 Vasectomy | | | | S8032 | Operative site acute infection (within 30 days post-op) |
| | | | | | | S8033 | Post-op testicular pain (within 30 days post-op) |

Post vasectomy semen analysis is included in the global fee for vasectomy.

The following laboratory tests are for symptomatic or asymptomatic clients as clinically indicated based on individual client assessment. These tests are included under the primary diagnosis for sterilizations and do not require a secondary diagnosis code for reimbursement:

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|-----------------------------|-----------------------------------|---|--|
| 86592 | VDRL, RPR | 86781 | TP confirmatory test; if positive, 86593 is required |
| | | 86593 | Syphilis test, Quantitative |
| 86701 | HIV-I | 86689 | HIV confirmation |
| 86702 | HIV-II | 86689 | HIV confirmation |
| 86703 | HIV-I and HIV-II single assay | 86689 | HIV confirmation |
| 87081 | GC culture | ----- | None |
| 87491 | NAAT - Chlamydia | ----- | None |
| 87591 | NAAT – GC | ----- | None |
| 87800 | Direct Probe - Chlamydia +GC only | 87490 | Chlamydia direct probe |
| | | 87590 | GC direct probe |

(5) Complications services (any Sxx.3 diagnosis code) require a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

**Secondary Diagnosis:
Sexually Transmitted
Infection (STI)**

A secondary diagnosis for STI is required for treatment or diagnostic testing other than the previously listed core screening tests. HIV testing is a Core Screening service, but treatment is not a covered benefit of the program.

| Secondary Benefits(9) | | | | | | Complications (11) |
|---|--|--|--|----------|---|--|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications (8) | Description |
| ICD9-CM V01.6 | Use V01.6 for diagnosis and treatment of an <u>asymptomatic</u> partner exposed to active case of Chlamydia, Gonorrhea, Syphilis, or Trichomoniasis. | | Core Screening tests, wet mounts, and pH testing only | | Treatment is based on the CDC STD treatment guidelines for the STI identified in the index case. | --- |
| ICD-9-CM 099.41 099.52 099.53 099.40 604.90 616.0 V01.6 | Chlamydia Urethritis Anus/rectum Cervicitis <u>Presumptive Dx –</u> Male - NGU/NSU Acute epididymitis/ orchitis Female – cervicitis Ct-exposed partner | None | <ul style="list-style-type: none"> • 87205 Gram stain-symptomatic males only Chlamydia screening tests included in Primary Diagnosis | None | Azithromycin Doxycycline Ofloxacin | Allergic reaction to antibiotics used to treat STI Vaso-vagal episode |
| ICD-9-CM 098.0 098.12 098.15 098.6 098.7 099.40 616.0 V01.6 | Gonorrhea Urethritis Prostatitis Cervicitis Pharynx Anus/rectum <u>Presumptive Dx –</u> Male - NGU/NSU Female - cervicitis GC-exposed partner | None | <ul style="list-style-type: none"> • 87205 Gram stain-symptomatic males only GC screening tests included in Primary Diagnosis | None | Azithromycin (10) Cefpodoxime Ceftriaxone Ciprofloxacin Ofloxacin | Allergic reaction to antibiotics used to treat STI Vaso-vagal episode |
| ICD-9-CM 054.11 054.12 054.13 608.89 616.50 | Herpes (genital only) HSV Vulvovaginitis Herpes vulva Herpes penis <u>Presumptive Dx</u> Male – penile ulcer Female –vulvar ulcer | None | Additional Restrictions Apply (12) <ul style="list-style-type: none"> • 87252 HSV culture • 87255 HSV culture • 87273 HSV DFA Type II | None | Acyclovir | Allergic reaction to antibiotics used to treat STI Vaso-vagal episode |
| ICD-9-CM 614.0 614.2 615.0 | PID (uncomplicated outpatient only) Acute PID PID, NOS Acute myometritis | Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) | <ul style="list-style-type: none"> • 85025 CBC/diff • 85651 ESR • 85652 ESR Chlamydia and GC screening tests are included in Primary Diagnosis | None | Ceftriaxone injection Cefoxitin injection Doxycycline Metronidazole Ofloxacin Probenecid | Allergic reaction to antibiotics used to treat STI Vaso-vagal episode |

(8) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See <http://www.dhs.ca.gov/ps/dccdc/STD/stdindex.htm> See the Family PACT formulary for additional information on regimen, formulation and coverage limits.

(9) Secondary diagnosis required for any treatment or diagnostic testing beyond core screening tests.

(10) For patients with significant anaphylaxis-type allergies to penicillin or allergies to cephalosporins

(11) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR. See *Family PACT: Treatment Authorization Request (TAR)*.

(12) Only as necessary to evaluate genital ulcers of unconfirmed etiology; payable for 616.50 (F) or 608.89 (M) only. Viral culture limited to Herpes simplex only. Reflex typing is not covered.

| Secondary Benefits (9) | | | | | | Complications (11) |
|--|--|---|---|---|---|---|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications (8) | Description |
| ICD-9-CM 091.0 091.3 092.9 096 097.1 616.50 608.89 V01.6 | Syphilis Primary Secondary Early latent Late latent Latent, unspecified <u>Presumptive Dx</u> Female –vulvar ulcer Male – penile ulcer Syphilis-exposed partner | Z5218 Collection and handling of blood specimen (when only service rendered) Z5220 Collection and handling of blood specimen (when other services rendered) | • 86593 Syphilis test Quantitative (13) Syphilis screening tests included in Primary Diagnosis | None | Benzathine penicillin long acting - injection Azithromycin Doxycycline | Allergic reaction to antibiotics used to treat STI Vaso-vagal episode |
| ICD-9-CM 131.01 131.02 V01.6 | Trichomoniasis Trichomonal vulvo-vaginitis Trich. Urethritis Trichomoniasis-exposed partner | None | • 83986 pH – females only • 87210 Wet mount | None | Metronidazole Tinidazole (16) | |
| ICD-9-CM 112.1 616.10 | Vulvovaginitis Candidal Vulvo-vaginitis ----- Vaginitis/Vulvitis/BV | None | • 83986 pH – females only • 87210 Wet mount | None | Butoconazole Clotrimazole Fluconazole Miconazole Terconazole ----- Clindamycin Metronidazole | Allergic reaction to antibiotics used to treat STI Vaso-vagal episode |
| ICD-9-CM 078.0 078.10 078.11 | Warts (genital only) Molluscum Viral warts Condylomata | 54050 Destruction of penile lesion (14) 54056 Destruction of penile lesion (14) 54100 Biopsy of penis (15) 56501 Destruction vulvar lesion (14) 57061 Destruction vaginal lesion (14) 56605 Biopsy, vulva (15) | • 88304 Surgical path for males (15) • 88304 Surgical path for females(15) | • 54050ZM Penile supplies • 54056ZM Penile supplies • 54100ZM Biopsy supplies • 56501ZM Vulvar supplies • 57061ZM Vaginal supplies • 56605ZM Biopsy supplies | Imiquimod Podofilox | Allergic reaction to antibiotics used to treat STI Severe genital skin ulcerations or infections Vaso-vagal episode |

(8) When applicable, only those dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See <http://www.dhs.ca.gov/ps/dccdc/STD/stdindex.htm> See the Family PACT formulary for additional information on regimen, formulation and coverage limits.

(9) Secondary diagnosis required for any treatment and/or diagnostic testing beyond screening.

(11) Complications services for a secondary diagnosis require a primary diagnosis code (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(13) Only as necessary to confirm response to syphilis treatment; should not be ordered with presumptive diagnosis codes.

(14) Supply charges for these procedures include the TCA/BCA, liquid nitrogen, or Podophyllin used.

(15) Only as necessary to confirm vulvar, vaginal or genital warts in a wart treatment candidate.

(16) Only as a treatment for vaginal trichomoniasis if treatment failure or adverse effects (but not allergy) with prior use of Metronidazole.

Secondary Diagnosis: A secondary diagnosis is required for Urinary Tract Infection (UTI) laboratory tests. **Female Clients Only**

Urinary Tract Infection (UTI)

| Secondary Benefits | | | | | | Complications (11) |
|---|---|------------|--|----------|--|--|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Description |
| ICD-9-CM 595.0 599.7 788.1 788.41 789.09 | UTI Acute cystitis Hematuria Dysuria Urinary frequency Abdominal pain, bilateral | None | <ul style="list-style-type: none"> • 81000 UA dipstick w/microscopy • 81001 UA automated w/microscopy • 81002 UA dipstick w/out microscopy • 81003 UA automated w/out microscopy • 81005 UA (qualitative) • 81015 Urine microscopy • 87086 Urine culture • 87181, 87184, 87186 sensitivity | None | Cephalexin Ciprofloxacin Nitrofurantoin TMP/SMX | Allergic reaction to antibiotics used to treat UTI Vaso-vagal episode |

(11) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

**Secondary Diagnosis:
Cervical Abnormalities**

A secondary diagnosis code is required for cervical abnormality diagnostic and treatment services. These services are restricted to female clients aged 15 to 55 years.

| Secondary Benefits | | | | | | Complications (11) |
|---|---|---|--|--|-------------|---|
| Diagnosis Codes | Description | Procedures | Laboratory | Supplies | Medications | Description |
| ICD-9-CM 795.01 795.02 795.03 795.04 795.05 622.2 | ASC-US Pap ASC-H Pap LGSIL Pap HGSIL Pap Abn Pap with HPV high risk pos. <u>Presumptive Dx.</u> Leukoplakia, cervix | 57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC | • 87621 DNA Amplified Probe HPV High Risk Only (18) • 88305 Surgical pathology | 57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies | None | Pelvic infection resulting from cervical treatment Hemorrhage from cervical biopsy or treatment site requiring surgical repair Vaso-vagal episode |
| 795.00 | AGC Pap | 57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 58110 Endometrial biopsy (19) | • 88305 Surgical pathology | 57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies 58110ZM Supplies | None | |
| 622.11 622.12 233.1 | CIN 1 (biopsy) CIN 2 (biopsy) CIN 3 (biopsy) | 57452 Colposcopy 57454 Colpo with biopsy & ECC 57455 Colpo with biopsy 57456 Colpo with ECC 57511 Cryocautery of cervix (16) 57460 LEEP (16) | • 87621 DNA Amplified Probe HPV High Risk Only (18) • 88305 Surgical pathology • 88307 Surgical pathology (17) | 57452ZM Supplies 57454ZM Supplies 57455ZM Supplies 57456ZM Supplies 57511ZM Supplies 57460ZM Supplies | None | |
| 795.09 | Other abnormal Pap | 58100 Endometrial biopsy (20) | • 88305 Surgical pathology | 58100ZM Supplies | | |
| | | | | | | |

(10) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*.

(16) Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 12 months.

(17) Restricted to biopsy specimens collected by LEEP procedure.

(18) DNA Amplified Probe HPV (High Risk Only) is covered in the following circumstances (see ASCCP, Guidelines 2002) and limited to one per year per client:

- Reflex HPV DNA testing after an ASC-US cytology result.
 - Follow-up of LGSIL cytology result in women less than 21 years of age. HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
 - Follow-up post-colposcopy; Women with Paps read as ASC-H, LGSIL, or HPV DNA positive ASC-US in whom CIN is not identified at colposcopy can be followed up at 12 months with HPV DNA testing in lieu of cytology at 6 and 12 months.
 - Follow-up of women with biopsy proven untreated CIN 1; HPV DNA testing at 12 months in lieu of cytology at 6 and 12 months.
 - Follow-up post treatment of CIN 2, 3: HPV DNA test at least six months after treatment in lieu of follow-up cytology.
- DNA Amplified Probe HPV testing is not covered for a diagnosis of HGSIL Pap, ICD9-CM 795.04 or Leukoplakia cervix, ICD9-CM 622.2.

(19) Endometrial biopsy is covered only if AGC (atypical glandular cells) cytology result and any of:

- “Atypical endometrial cells” on AGC cytology result; or
- Woman is having abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer; or
- Woman is 36 through 55 years of age.

(20) Endometrial biopsy restricted to women aged 40 years or older with a finding of endometrial cells on Pap and a recent history of menstrual irregularity.

Immunization:

A primary diagnosis (Sxxx) is required for administration of Hepatitis B vaccine to non-immunized clients.

| Primary Service | | | | | | Complications (10) |
|---|--------------------------|------------|------------|----------|--|--|
| Vaccine | Description | Procedures | Laboratory | Supplies | Medications | Description |
| Hepatitis B Use appropriate Primary Diagnosis Code | Hepatitis B immunization | | None | None | Hepatitis B vaccine 90743 90744 90746 Modifiers required | Allergic reaction to Hepatitis B vaccine Vaso-vagal episode |

(10) Complication services for a secondary diagnosis require a primary diagnosis (Sxx.3) and a TAR – see *Family PACT: Treatment Authorization Request (TAR)*